



CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT

Bid No. **6035-0/18**
Award Sheet

DIVISION

BID NO.: **6035-0/18**

PREVIOUS BID NO.: **NONE**

TITLE: **CLEANING BLOOD BORNE PATHOGENS**

CURRENT CONTRACT PERIOD: **07/01/2013** through **06/30/2018**

Total # of OTRs: **0**

MODIFICATION HISTORY

Bid No. **6035-0/18**

Award Sheet

DPM Notes

AWARDEE(S): BIORESPONSE, CORP. GROUPS 1, 2 & 4 (PRIMARY)
SCENE KLEEN, INC. GROUP 3 (PRIMARY) GROUPS 1 & 2 (SECONDARY)
SAFEWASTE OF FLORIDA, LLC GROUP 3 (SECONDARY)
INTERNATIONAL PROTECTIVE SERVICES, INC. GROUP 4 (SECONDARY)

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES: Groups 3 and 4 are established specifically for the Public Housing and Community Development due to the Department's federal funding source. Refer to Section 2, Para. 2.29 of the contract for exemption clauses.

CONTRACT AWARD INFORMATION:

Yes Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

Yes Small Business Enterprise (SBE)

Yes PTP Funds

Yes Partial Federal Funding

Yes Insurance

Miscellaneous:

REQUISITION NO.: **RQID1200119**

PROCUREMENT AGENT: **Ana M. Rioseco, CPPB**

PHONE: 305 375-4425

FAX: 305 375-1083

EMAIL: ARIOSEC@MIAMIDADE.GOV

DEPARTMENT OF PROCUREMENT MANAGEMENT
DIVISION

VENDOR NAME: **BIORESPONSE CORP**
 DBA:
 FEIN: **202954991** SUFFIX : **01** **33155**
 STREET: **6290 SW 42ND TERRACE** CITY: **MIAMI** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **786-252-5207**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **Yes**

SBE	Yes	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Groups 1, 2 and 4				Vendor Record Verified? Yes

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
MANUEL R POZO	305-261-3088	786-252-5207	786-268-8198	MANNYPOZO@HOTMAIL.COM

VENDOR NAME: **SCENE KLEEN INC**
 DBA:
 FEIN: **650675914** SUFFIX : **01** **33307**
 STREET: **P.O. BOX 23844** CITY: **OAKLAND PARK** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Group 3				Vendor Record Verified? Yes

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
MICHAEL J CLEMENTI	954-658-1999	-	954-545-7768	SCENEKLEEN@GMAIL.COM

ITEMS AWARDED Section:

Details: **6035-0/18**

- 1. ITB**
- 2. BPO for Housing**
- 3. BPO for Various User Departments**
- 4. Items Awarded Groups 1 - 4**

Item # Description

Qty

Unit Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: **Yes**

DPM Award: **No**

BCC Date: **04/02/2013**

DPM Date: **02/21/2013**

Contract Amount: \$ **1,520,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

Indemnification and Insurance:

Note: The primary awarded Vendor's have complied with the insurance requirements set forth in the contract. Secondary awarded Vendor's will be required to comply with insurance requirements at the time when it performs services under the terms and conditions of said contract.

BPO INFORMATION Section:

1 ABCW1300608		
Commodity ID		Commodity Name
962-40		HAZARDOUS MATERIAL SERVICES
Department		Department Allocation
ID		\$27,000.00
JU		\$12,000.00
MT		\$1,043,000.00
PD		\$412,000.00
2 ABCW1300610		
Commodity ID		Commodity Name
962-40		HAZARDOUS MATERIAL SERVICES
Department		Department Allocation
HD		\$26,000.00

End of BPO Information Section